

**Department of Human Services
Division of Services for People with Disabilities
STATE OF UTAH EMPLOYEE**

Form 0-7
4-12-2012



NO ROLE ACCESS REQUEST FORM

(Please Print)

APPLICANT NAME: _____
First Name *Middle Initial* *Last Name*

Work Telephone: _____

Email _____

Representing Agency: _____

Representing Division/Bureau: _____

Work Office and Address: _____

Applicants Working Job Title: _____

STATEMENT OF UNDERSTANDING

I understand that access to USTEPS is for my exclusive use and support of my work as an employee of the State of Utah. I understand that this access is controlled by my password. I take responsibility for maintaining the secrecy of my password and for protecting the confidentiality of information in USTEPS in accordance with the State of Utah's "Information Technology Resources Acceptance Use Policy"* and the Department of Human Services "Appropriate Use of Information Technology Resources"*. I understand that any breach of this policy may result in corrective action in accordance with the State Department of Human Resource Management Administrative Rule R477-11.

Initial:

USTEPS Access

Reason for Accessing USTEPS: _____

Requested USTEPS roles (*check all that apply*) ☐ DSPD Employee ☐ Other: _____

Approval Signatures:

Requestor Signature _____ Date _____

Immediate Supervisor Signature _____ Date _____

Supervisor Name (print) _____

The immediate supervisor/authorized contract owner will have the responsibility for notifying the Division of Services for People with Disabilities in writing of any changes to worker roles, organizational structure or employment status.

DSPD State Office Signature _____ Date _____

DSPD State Office Name (print) _____

Email to USTEPS@utah.gov or Fax to USTEPS Team (801) 538-4279

SYSTEM ADMINISTRATION:

USTEPS Team _____ Activation Date: _____

USTEPS Team _____ De-Activation Date: _____